

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

2012 APR 13 AM 10:10
Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

FEC MAIL CENTER

ALLERPAC - Joint Council of Allergy, Asthma & Immunology

ADDRESS (number and street)

50 N. Brockway St. #3-31



Check if different
than previously
reported. (ACC)

Palatine

IL

60067

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00249961

3. IS THIS
REPORT



NEW
(N)

OR



AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:



April 15
Quarterly Report (Q1)



July 15
Quarterly Report (Q2)



October 15
Quarterly Report (Q3)



January 31
Year-End Report (YE)



July 31 Mid-Year
Report (Non-election
Year Only) (MY)



Termination Report
(TER)

(b) Monthly
Report
Due On:



Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11)
(Non-Election
Year Only)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12)
(Non-Election
Year Only)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:



Primary (12P)



General (12G)



Runoff (12R)

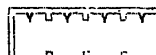


Convention (12C)



Special (12S)

Election on



in the
State of



(d) 30-Day
POST-Election
Report for the:



General (30G)

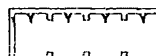


Runoff (30R)



Special (30S)

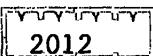
Election on



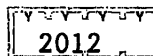
in the
State of



5. Covering Period



through



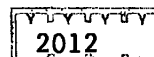
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Donald W. Aaronson, MD

Signature of Treasurer

Donald W. Aaronson

Date



NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X

Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ALLERPAC - Joint Council of Allergy, Asthma & Immunology

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2012

To:

MM / DD / YYYY
03 / 30 / 2012

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

| | | |
|---|--------------|--------------|
| 6. (a) Cash on Hand January 1, 2012 | 1 0 2 8 3 83 | |
| (b) Cash on Hand at Beginning of Reporting Period..... | 1 0 2 8 3 83 | |
| (c) Total Receipts (from Line 19) | -0- | |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 1 0 2 8 3 83 | 1 0 2 8 3 83 |
| 7. Total Disbursements (from Line 31) | -0- | -0- |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 1 0 2 8 3 83 | 1 0 2 8 3 83 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | -0- | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | -0- | |



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

☐

Hand Delivered

Date of Receipt

☐

USPS First Class Mail

Postmarked

☐

USPS Registered/Certified

Postmarked (R/C)

☐

USPS Priority Mail

Postmarked

Delivery Confirmation™ or Signature Confirmation™ Label ☐

☐

USPS Express Mail

Postmarked

☐

Postmark Illegible

☐

No Postmark

☒

Overnight Delivery Service (Specify): *UPS*

Shipping Date

4/12/12

Next Business Day Delivery ☒

☐

Received from House Records & Registration Office

Date of Receipt

☐

Received from Senate Public Records Office

Date of Receipt

☐

Received from Electronic Filing Office

Date of Receipt

☐

Other (Specify):

Date of Receipt or Postmarked

[Signature]

PREPARER

(3/2005)

4/13/12

DATE PREPARED

12030772987